#### Filing at a Glance

Companies: Hartford Insurance Company of the Midwest, Property and Casualty Insurance Company of Hartford,

**Trumbull Insurance Company** 

Product Name: Revised AARP PULP Rates SERFF Tr Num: HART-125241365 State: Arkansas

and Rules

TOI: 17.0 Other Liability - Claims SERFF Status: Closed State Tr Num: AR-PC-07-025534

Made/Occurrence

Sub-TOI: 17.0021 Personal Umbrella and Co Tr Num: State Status: Pending Fees

FN.17.095/RWG.2007.02 **Excess** 

Filing Type: Rate Co Status: Initial Filing Reviewer(s): Alexa Grissom, Betty

> Montesi, Brittany Yielding Disposition Date: 07-26-2007

Authors: Joyce Driscoll, Claire

Dubord, David Logan, Angela

Isaac

Date Submitted: 07-24-2007 Disposition Status: Filed

Effective Date Requested (New): 10-03-2007 Effective Date (New): 10-03-2007 Effective Date Requested (Renewal): 11-21-2007

Effective Date (Renewal): 11-21-

2007

#### **General Information**

Project Name: Revised AARP PULP Rates and Rules Status of Filing in Domicile: Project Number: FN.17.095/RWG.2007.02 **Domicile Status Comments:** 

Reference Organization: Reference Number: Reference Title: Advisory Org. Circular:

Filing Status Changed: 07-26-2007

Deemer Date: State Status Changed: 07-24-2007

Corresponding Filing Tracking Number:

Filing Description:

We herewith file the revised AARP Personal Umbrella Liability Policy rates and rules as described in the Explanatory

Memorandum.

#### **Company and Contact**

#### **Filing Contact Information**

Joyce Driscoll, Filing Analyst joyce.driscoll@thehartford.com

690 Asylum Avenue (860) 547-3468 [Phone] Hartford, CT 06055 (860) 547-5941[FAX]

Filing Company Information

Hartford Insurance Company of the Midwest CoCode: 37478 State of Domicile: Indiana

Hartford Plaza Group Code: 91 Company Type: Property

Hartford, CT 06115 Group Name: State ID Number:

(860) 547-5000 ext. [Phone] FEIN Number: 06-1008026

-----

Property and Casualty Insurance Company of CoCode: 34690 State of Domicile: Indiana

Hartford

Hartford Plaza Group Code: 91 Company Type: Property

Hartford, CT 06115 Group Name: State ID Number:

(860) 547-5000 ext. [Phone] FEIN Number: 06-1276326

-----

Trumbull Insurance Company CoCode: 27120 State of Domicile: Connecticut

Hartford Plaza Group Code: 91 Company Type: Property

Hartford, CT 06115 Group Name: State ID Number:

(860) 547-5000 ext. [Phone] FEIN Number: 06-1184984

-----

# **Filing Fees**

Fee Required?

Yes

Fee Amount:

\$100.00

Retaliatory?

No

Fee Explanation:

Per Company:

No

CHECK NUMBER

CHECK AMOUNT

CHECK DATE

25412253

\$100.00

07-13-2007

# **Correspondence Summary**

#### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Alexa Grissom	07-26-2007	07-26-2007

# **Disposition**

Disposition Date: 07-26-2007

Effective Date (New): 10-03-2007

Effective Date (Renewal): 11-21-2007

Status: Filed Comment:

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Hartford Insurance Company of the Midwest	14.900%	\$5,949	240	\$40,003	15.000%	14.800%	0.000%
Property and Casualty Insurance Company of Hartford	17.500%	\$3,272	106	\$18,730	61.700%	14.800%	0.000%
Trumbull Insurance Company	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%

Item Type	Item Name	Item Status	<b>Public Access</b>
Supporting Document	&Filed	Yes	
	Casualty		
Supporting Document	NAIC Loss Cost Filing Document for	Filed	Yes
	OTHER than Workers' Comp		
Supporting Document	NAIC loss cost data entry document	Filed	Yes
Supporting Document	Explanatory Memorandum	Filed	Yes
Rate	Manual Pages	Filed	Yes

#### **Rate Information**

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

File & Use

0.000%

01-04-2005

Filing Method of Last Filing:

File & Use

#### **Company Rate Information**

Company Name:	Overall % Rate	Written Premium	# of Policy	Premium:	Maximum %	Minimum %	Overall %
	Impact:	Change for this	Holders		Change (where	Change (where	Indicated
		Program:	Affected for		required):	required):	Change:
			this				
			Program:				
Hartford Insurance	14.900%	\$5,949	240	\$40,003	15.000%	14.800%	80.800%
Company of the Midwest							
Property and Casualty	17.500%	\$3,272	106	\$18,730	61.700%	14.800%	80.800%
Insurance Company of							
Hartford							
Trumbull Insurance	0.000%	\$0	0	\$0	0.000%	0.000%	0.000%
Company							

#### **Overall Rate Information for Multiple Company Filings**

Overall % Rate Indicated:	0.000%
Overall Percentage Rate Impact For This Filing:	0.000%
Effect of Rate Filing - Written Premium Change For This Program:	\$9,221
Effect of Rate Filing - Number of Policyholders Affected:	346

#### Rate/Rule Schedule

Review Status: Exhibit Name: Rule # or Page Rate Action Previous State Filing Attachments

#: Number:

Filed Manual Pages PUP-2 thru Replacement AR-PC-07-023783 AR AARP PUP Filing

PUP-4 eff 10-3-07 Manual

Pages.pdf

#### **ARKANSAS**

# PERSONAL UMBRELLA LIABILITY COVERAGE RULES HARTFORD INSURANCE COMPANY OF THE MIDWEST PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD TRUMBULL INSURANCE COMPANY

#### 7. RETAINED LIMIT

The minimum retention by the insured for occurrences not covered by underlying insurance does not apply. Higher retentions are available at reduced premiums.

#### 8. UNIQUE AND UNUSUAL EXPOSURES

Risks with any unique or unusual exposure(s) - Refer to Company. If a unique rate is developed for such an exposure, an individual risk filing must be made with the Arkansas Department of Insurance.

#### 9. TERRITORIES

	Territory
Entire State	1

#### RATING PROCEDURE

NOTE: All premiums displayed are annual premiums.

The premium developed is the one (1) year advance premium for a single limit of \$1,000,000 each occurrence with no retained limit.

#### ★ Step 1 Annual Base Premium

The Annual Base Premium for Personal Umbrella Liability Coverage only includes coverage for:

- Personal residence or farm premises, including incidental office occupancy;
- loss in excess of the retained limit;
- automobiles not owned, leased or furnished for regular use;
- watercraft, if outboard not over 25 H.P., inboard not over 50 H.P. or sailboat under 26 feet.

Determine the annual base premium for the territory in which the insured is located.

	Territory
	1
Annual Base Premium	\$101

#### **★ Step 2 Premium Additions**

(a) If the insured owns, leases, or has an automobile furnished for his regular use, add the applicable amount for the one automobile to the base premium. For more than one automobile, add the applicable amount shown for each additional automobile to the premium already determined. For each operator under age 25, add the applicable premium.

	Territory	
	1	
One Automobile	\$32	
Each Additional Automobile	16	
Each Operator 16 to 20	130	
Each Operator 21 to 24	75	

#### ARKANSAS

# PERSONAL UMBRELLA LIABILITY COVERAGE RULES HARTFORD INSURANCE COMPANY OF THE MIDWEST PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD TRUMBULL INSURANCE COMPANY

★ (b) If a watercraft exposure exists involving an out-board over 25 H.P., inboard over 50 H.P., or a sail-boat 26 feet or more add the applicable watercraft premium to the premium already determined.

#### **Territory**

**1** \$40

★(c) If an additional residence premises exposure exists, add the applicable premium for each additional residence premises to the premium already determined.

#### **Territory**

**1** \$17

★(d) If a business pursuits exposure exists, add the applicable premium to the premium already determined.

#### **Territory**

1

\$18

★(e) If a day care exposure exists, add the applicable premium to the premium already determined.

#### **Territory**

1

\$109

★ (f) If a recreational vehicle or personal watercraft exposure exists, add the applicable premium for each exposure to the premium already determined.

#### **Territories**

1

All Terrain Vehicle (ATV) \$46 per vehicle
Snowmobile \$35 per vehicle
Registered Golf Cart \$17 per vehicle
Personal Watercraft \$69 per watercraft

For operators under the age of 25 add \$29 per operator

#### **ARKANSAS**

# PERSONAL UMBRELLA LIABILITY COVERAGE RULES HARTFORD INSURANCE COMPANY OF THE MIDWEST PROPERTY AND CASUALTY INSURANCE COMPANY OF HARTFORD TRUMBULL INSURANCE COMPANY

#### **★Step 3 Premium Reductions**

(a) If the underlying automobile limits are over \$250,000/\$500,000 bodily injury, reduce the premium by the applicable amount.

	Territory
	1
Bodily Injury over \$250/\$500	\$6
Single Limit over \$300,000	8

(b) If a retained limit applies, the premium shall be reduced by the applicable amounts shown below.

Retained Limit	Territor	
	1	
\$1,000	\$ 5	
\$5,000	9	
\$10.000	12	

#### **Step 4 Increased Limits**

Liability Limits higher than \$1 million shall be determined by multiplying the premium developed for a \$1 million limit by the appropriate increased limit factor. The premium is then rounded to the whole dollar.

Increased Limit	Factor
\$2,000,000	1.75
\$5,000,000	2.25

#### **★ Step 5 Uninsured/Underinsured Motorists Coverage**

If \$1,000,000 Uninsured/Underinsured Motorist Coverage is desired, add the applicable premium.

	I errito
	1
One Automobile	\$20
Each Additional Automobile	9

#### **★Step 6 Total PUP Policy Premium**

The total PUP policy premium is determined by taking the higher amount from either the product of steps 1 through 5, or the PUP Minimum Premium.

The PUP Minimum Annual Premium is \$138, multiplied by the appropriate increased limit factor from Step 4 for policy limits above \$1 million

## **Supporting Document Schedules**

**Review Status:** 

07-26-2007

Satisfied -Name: Uniform Transmittal Document- Filed

**Property & Casualty** 

**Comments:** 

Attached is the Property & Casualty Transmittal Document.

Attachment:

AR PC-TD-1 2007 FN17095RWG200702.pdf

**Review Status:** 

Satisfied -Name: NAIC loss cost data entry document Filed 07-26-2007

**Comments:** 

Attached is the Loss Costs Data Entry Documents.

Attachment:

AR LOSS COST DATA ENTRY RF1 FN17095RWG200702.pdf

Review Status:

Satisfied -Name: Explanatory Memorandum Filed 07-26-2007

**Comments:** 

Attached is the Explanatory Memorandum.

Attachment:

AR AARP PUP Filing eff 10-3-07 EM FN17095RWG200702.pdf

# **Property & Casualty Transmittal Document**

1.	Reserved for Insurance Dept. Use O	nly		2.	Insurance Dep	artment Us	e only			
				a.	Date the filing is	s received:				
				b.	Analyst:					
				C.	Disposition:					
					Date of disposi	tion of the fil	ina:			
					Effective date of					
				<u> </u>	New Busine					
					Renewal Bu					
				f	State Filing #:	311033				
						·.				
					SERFF Filing #	<u>.</u>				
				h.	Subject Codes					
3.	Group Name						Group NAIC #			
	Hartford Financial Services Group						00914			
4.	Company Name(s)		Dom	icile	NAIC #	FEIN#	State #			
-	Hartford Ins. Co. of the Midwest		India		00914-37478	06-100802				
	Trumbull Ins. Co.				00914-27120	06-100002				
	Property & Casualty Ins. Co. of Hartford	d	India		00914-34690	06-127632				
1	<u> </u>						- <b>1</b>			
5.	Company Tracking Number		FN.17.095/RWG.2007.02							
	<u> </u>		-							
Col	ntact Info of Filer(s) or Cornorate Offi	icar(s) [incl	luda tall-f	ree numb	oorl					
Coi	ntact Info of Filer(s) or Corporate Offi	icer(s) [incl	lude toll-f	ree numb	oer]	<u> </u>				
Соі	ntact Info of Filer(s) or Corporate Offi	icer(s) [incl	lude toll-f	ree numb	oer]					
Co.	ntact Info of Filer(s) or Corporate Offi Name and address	icer(s) [incl		ree numb		K #	e-mail			
6.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F					<b>K</b> #				
6.	Name and address	Title	Tele		S FA)		<b>e-mail</b> Joyce.Driscoll@TheHartford.com			
6.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F	Title	Tele	ephone #	S FA)					
6.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F  Hartford Plaza, Hartford, CT 06115	Title	Tele	ephone #	s FA)					
6. 7.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer	Title	<b>Tele</b>	ephone #	S FA)					
6. 7. 8.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer	Title Filing Analyst	<b>Tele</b> 860-54  Joyce	ephone # 17-3468 Driscoll	8 FA) 860-547-5941  Joyce Duis					
6. 7. 8.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer	Title Filing Analyst	<b>Tele</b> 860-54  Joyce	ephone # 17-3468 Driscoll	8 FA) 860-547-5941  Joyce Duis					
7. 8. Filli	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer ng information (see General Instruction Type of Insurance (TOI)	Title Filing Analyst  ons for desc	Joyce criptions of	ephone #  17-3468  Driscoll  of these file  er Liability	860-547-5941  Soyce Dus  elds)					
6. 7. 8. Filli 9.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer ng information (see General Instruction Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI)	Title Filing Analyst  Ons for desc	Joyce criptions of 17.0 Other	ephone #  17-3468  Driscoll  of these file  er Liability	860-547-5941  Soyle Dris  elds)					
6. 7. 8. Filli 9.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer ng information (see General Instruction Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if	Title Filing Analyst  Ons for desc	Joyce criptions of	ephone #  17-3468  Driscoll  of these file  er Liability	860-547-5941  Soyce Dus  elds)					
6. 7. 8. Fili 9. 10.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer ng information (see General Instruction  Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirements]	Title Filing Analyst  Dons for desc	Joyce priptions of 17.0 Other Personal PC	Driscoll of these field Umbrella	860-547-5941  Soyce Dus  elds)					
6. 7. 8. Filli 9. 10. 11.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer ng information (see General Instruction  Type of Insurance (TOI)  Sub-Type of Insurance (Sub-TOI)  State Specific Product code(s) (if applicable)[See State Specific Requirements]  Company Program Title (Marketing title)	Title Filing Analyst  Dons for desc	Joyce criptions of the Personal PC	Driscoll of these find Umbrella	860-547-5941  Gryce Duid  elds)  Liability Policy	coll	Joyce.Driscoll@TheHartford.com			
6. 7. 8. Filli 9. 10. 11.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer ng information (see General Instruction  Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirements]	Title Filing Analyst  Dons for desc	Joyce criptions of the Personal PC  Mature M Rate/	Driscoll of these fider Liability Umbrella arket Loss Cos	860-547-5941  Soyce Duscelds)  Liability Policy	evll	Joyce.Driscoll@TheHartford.com			
6. 7. 8. Filli 9. 10. 11.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer ng information (see General Instruction  Type of Insurance (TOI)  Sub-Type of Insurance (Sub-TOI)  State Specific Product code(s) (if applicable)[See State Specific Requirements]  Company Program Title (Marketing title)	Title Filing Analyst  Dons for desc	Joyce criptions of the Personal PC  Mature M  Rate/ Form	Driscoll of these file umbrella arket Loss Cos s	elds)  Liability Policy  Rules Combination R	cvll	Joyce.Driscoll@TheHartford.com  Rates/Rules Forms			
6. 7. 8. Fili 9. 10. 11.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer ng information (see General Instruction  Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirements] Company Program Title (Marketing title) Filing Type	Title Filing Analyst  Ons for desc  F  F	Joyce criptions of the Personal PC  Mature M Rate/ Form Without Mature M Without M W W W W W W W W W W W W W W W W W W W	Driscoll of these fider Liability Umbrella arket Loss Cos s	elds) Liability Policy  Rules Combination Ra	cvU ates/Rules/F (give desc	Joyce.Driscoll@TheHartford.com  Rates/Rules forms ription)			
6. 7. 8. Filli 9. 10. 11. 12.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer ng information (see General Instruction  Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirements] Company Program Title (Marketing title) Filing Type  Effective Date(s) Requested	Title Filing Analyst  Ons for desc  F  F	Joyce criptions of the Personal PC  Mature M Rate/ Form Witho	Driscoll of these fire Umbrella arket Loss Cos s	elds)  Liability Policy  Rules Combination R	cvll	Joyce.Driscoll@TheHartford.com  Rates/Rules Forms			
6. 7. 8. Filli 9. 10. 11. 12. 13.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer ng information (see General Instruction  Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirements] Company Program Title (Marketing title) Filing Type  Effective Date(s) Requested Reference Filing?	Title Filing Analyst  Ons for desc	Joyce criptions of the Personal PC  Mature M Rate/ Form Witho	Driscoll of these finer Liability Umbrella arket Loss Coss s	elds) Liability Policy  Rules Combination Ra	cvU ates/Rules/F (give desc	Joyce.Driscoll@TheHartford.com  Rates/Rules forms ription)			
6. 7. 8. Fili 9. 10. 11. 12. 13.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer ng information (see General Instruction  Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirements] Company Program Title (Marketing title) Filing Type  Effective Date(s) Requested Reference Filing? Reference Organization (if applicable)	Title Filing Analyst  Ons for desc	Joyce criptions of the Personal PC  Mature M Rate/ Form Witho	Driscoll of these fire Umbrella arket Loss Cos s	elds) Liability Policy  Rules Combination Ra	cvU ates/Rules/F (give desc	Joyce.Driscoll@TheHartford.com  Rates/Rules forms ription)			
6. 7. 8. Fili 9. 10. 11. 12. 13.	Name and address  Joyce Driscoll, Technical Services, T-1-54 F Hartford Plaza, Hartford, CT 06115  Signature of authorized filer Please print name of authorized filer ng information (see General Instruction  Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirements] Company Program Title (Marketing title) Filing Type  Effective Date(s) Requested Reference Filing?	Title Filing Analyst  Dons for desc  F  F  F  I	Joyce priptions of the personal of the persona	Driscoll of these fine er Liability Umbrella arket Loss Cos s drawal	elds) Liability Policy  Rules Combination Ra	cvU ates/Rules/F (give desc	Joyce.Driscoll@TheHartford.com  Rates/Rules forms ription)			

#### **Property & Casualty Transmittal Document—**

20. This filing transmittal is part of Company Tracking #	FN.17.095/RWG.2007.02							
21. Filing Description [This area can be used in lieu of a cover	er letter or filing memorandum and is free-form text]							
We herewith file the revised rates and rules for the Personal Umbrella Liability Policy Manual as described in the Explanatory Memorandum and shown on the revised manual pages, PUP-2 through PUP-4.								
As required, enclosed is the NAIC Loss Cost Data Entry Docume	ent. The filing fee will be mailed under separate cover.							
22. Filing Fees (Filer must provide check # and fee amount if [If a state requires you to show how you calculated your fil								
Check #: 25412253 Amount: \$100.00								

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

<sup>\*\*\*</sup>Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

#### NAIC LOSS COST DATA ENTRY DOCUMENT

<b>1</b> . Th	is filir	ng transm	nittal is par	t of Com	npany	Tracking #							FN.17.	095/R	WG.2007.02			
						anization los erence/ Item		ost filing, giveng Number	е					N/	A			
					omna	ny Name				Company NAIC Number								
3. <i>A</i>	Α.		Hart			ompany of the	Midw	vost		B.			Сопра		37478			
J.   F	٦.		Hall	ioiu ilisula	arice C	ompany of the	WIIGW	/est		ט.	<u> </u>			,	37470			
	Р	Product C	oding Matr	ix Line (	of Rus	siness (i e	Type	e of Insurance	<u>'e)</u>	Proc	duct Coding N	Matr	rix I ine of Insu	ance	(i.e., Sub-type	of Insuran	ce)	
4. /	<u>٠</u>	100000	ouring wat			nbrella Liability		or modrame	,0,	В.		viati			nal Umbrella	or modram		
-				1 0100	71ai 01i	norona Liability				1	1			0.00	iai embrena			
5.	(A)											<u> </u>	R LOSS COSTS	S ONI	V			
	(八)		(B	`		(C)		(D)			(E)		(F)	5 OINL	(G)		(H)	
co	)VER/	AGE	Indica	•		Requested		(D)			Loss Cost		Selected		Expense		Current	
		ctions)	% R			% Rate		Evpool	tod		Modification		Loss Cost		Constant		ss Cost	
,		,			١,		_	Expect Loss R							(If Applicable)			
Personal l	Ilmbro	lla	Level C 80.80%	nange	14.9%	evel Change	<del>)</del>	LUSS R	allo	1	Factor		Multiplier		(II Applicable)	IVIC	ultiplier	
reisonai t	Ullible	lia	00.00%		14.97	0						-						
TOTAL	OVEF	RALL																
EFFECT			0.808		0.149													
6.		5 Year H	History	Rat	e Cha	nge History								7.				
Yea	ar		cy Count	% ( Char	of	Effective Date		ate Earned Premium (000)	Incu Los: (00	ses	State Loss Ratio		Countrywide Loss Ratio		kpense Constar	nts	Selected Provisions	
2005		276		0.0%		1/4/2005		45,000	0		0%	72.8			Total Production			
2004		291		24.9%		4/1/2004		, -	0		0%	82.7			General Expens		27.4%	
2003		312						,	0		0%	56.8			Taxes, License		2.4%	
2002		340						42,191	0		0%	67.2		D.	Underwriting Pro			
2001		345						40,397	0		0%	43.2	2%	F	& Contingencies	8	7.8%	
															Other (explain) TOTAL		37.6%	
														<u></u>	TOTAL		37.0%	
<ol> <li>8. N/A</li> <li>9. 15.0</li> <li>10. N/A</li> </ol>	.0% E	stimated	Maximum	Rate In	creas	•	sure	d (%). Territ ed (%) Territ	• `		,					-		

PC RLC

#### NAIC LOSS COST DATA ENTRY DOCUMENT

1. This	filing transn	nittal is par	t of Com	pany	Tracking #							FN.17.0	)95/R\	NG.2007.02		
	2. If filing is an adoption of an advisory organization loss cost filing, give name of Advisory Organization and Reference/ Item Filing Number						Э	N/A								
			Co	mpa	ny Name							Compar	ny NA	AIC Number		
3. A.									B.			•		34690		
	Product C	oding Mati	rix Line c	of Bus	siness (i.e.,	Гурє	e of Insuranc	:e)		duct Coding N	Mat	rix Line of Insur	ance	(i.e., Sub-type	of Insurance	ce)
4. A.			Perso	nal Un	nbrella Liability				B.			F	Persor	al Umbrella		
5.	5.															
	(A)										FC	OR LOSS COSTS	ONL	.Y		
		(B	)		(C)		(D)			(E)		(F)		(G)		(H)
	ERAGE	Indica	ated		Requested		, ,			Loss Cost		Selected		Expense	Co.	Current
(See Ins	structions)	% R	ate		% Rate		Expect	ed	Ī	Modification		Loss Cost		Constant	Los	s Cost
		Level C	hange	L	evel Change	)	Loss Ra	atio		Factor		Multiplier		(If Applicable)	Mu	ltiplier
Personal Um	nbrella	80.80%		17.5%	, D											
TOTALO	VEDALL															
TOTAL O'	VERALL	0.808		0.175												
LITLOI		0.000		0.173												
6.	5 Year I	History	Rate	e Cha	nge History								7.			
Year	Poli	cy Count	% c Chan		Effective Date		ate Earned Premium (000)	Incur Loss (00	es	State Loss Ratio		Countrywide Loss Ratio	Ex	pense Constar	nts	Selected Provisions
2005	75		0.0%		1/4/2005		13,429	0		0%		.8%		Total Production		
2004	59		24.9%		4/1/2004		-,	0		0%		.7%		General Expens		27.4%
2003	38						4,895	0		0%		.8%		Taxes, License		2.4%
2002	18						2,243	0		0%		.2%	D.	Underwriting Pro		7.00/
2001	1						106	0		0%	43.	.2%	_	& Contingencies Other (explain)	3	7.8%
														TOTAL		0.376
			<u> </u>							<u> </u>	<u> </u>		Г.	IOIAL		0.570
8. N/A 9. 61.7% 10. N/A	Estimated	l Maximum	Rate Ind	creas	•	sure	) d (%). Territo ed (%) Territ	• `		,						

PC RLC

#### NAIC LOSS COST DATA ENTRY DOCUMENT

1.	This fi	ling transm	nittal is part	t of Com	npany	Tracking #				FN.17.095/RWG.2007.02							
						anization los erence/ Item		ost filing, give ng Number	Э	N/A							
				C	ompa	ny Name							Compa	nv NA	AIC Number		
3.	Α.					rance Compan	ıy			B.			5 5	_	27120		
		Product Coding Matrix Line of Business (i.e., Type of Insurance)									luct Coding M	/latr	rix Line of Insur			of Insurance	ce)
4.	A.			Perso	nal Un	nbrella Liability				B.				Persor	al Umbrella		
5.																	
	(A	.)										FO	OR LOSS COSTS	S ONL			
l ,	COVE	2405	(B)			(C)		(D)			(E)		(F)		(G)		(H)
		ructions)	Indica			Requested		_ ,		١.	Loss Cost		Selected		Expense		Current
(0)			% Ra Level Cl		l .	% Rate evel Change	•	Expect Loss Ra		ľ	Modification Factor		Loss Cost Multiplier		Constant (If Applicable)		ss Cost Iltiplier
Person	al Umb	rella	N/A	nange	N/A	ever Change	3	L055 R	alio		racioi		Multiplier		(II Applicable)	IVIU	iitipiiei
1 010011	ar Onio	TOIIG	14/74		14//												
TOT	AL 0\/I	ERALL															
EFFE		EKALL	#VALUE!														
L																	
6.		5 Year H	History	Rat	e Cha	inge History	0.	. = .1			1		1	7.			1
Y	⁄ear	Polic	cy Count	% o Char		Effective Date		ate Earned Premium (000)	Incur Loss (00	I Patio I Loss Ratio			Expense Constants			Selected Provisions	
				1	N/	A - new compa	any ef	ffective 6/1/07	1						Total Production		N/A
															General Expens		N/A N/A
															Taxes, License & Underwriting Pro		IN/A
															& Contingencies		N/A
														E.	Other (explain)		N/A
														F.	TOTAL		N/A
9.	N/A	Estimated	Maximum	Rate In	creas	•	sure	) d (%). Territo ed (%) Territ	• `		· ·						

PC RLC

#### The Hartford Personal Umbrella Liability Policy

Rate and Rule Change Explanatory Memorandum

Hartford Insurance Company of the Midwest Property & Casualty Insurance Company of Hartford Trumbull Insurance Company

#### Arkansas

This filing modifies the current Personal Umbrella Liability Policy (PULP) rules and rates. The changes proposed are on a countrywide basis. PULP, which is an endorsement to our Personal Auto Policy, provides excess personal liability coverage extending beyond underlying personal liability coverage. PULP Limits of \$1 Million, \$2 Million or \$5 Million may be purchased. The above companies insure members of the American Association of Retired Persons (AARP).

This filing raises the PULP Rates. Since this program insures members of AARP, relatively few policies include youthful operators. We recently expanded our PULP eligibility guidelines in our agency channel to include youthful operators. We filed, and received approval, to adopt the AARP youthful operator rates in our independent agency companies. Now that we have a credible amount of experience, it is clear that the youthful rates are too low.

Support for the total rate change is provided on the attached exhibits. We currently insure 346 Personal Umbrella Policies. We estimate the total impact is \$9,221, which is a 15.7% increase on the Umbrella premium and a 1.6% increase on the total policy premium.

Enclosed are revised rules and rates pages. Comments or questions can be directed to the undersigned at (860) 378-3776.

Bertrand J. LaChance, FCAS, MAAA. Product Development Actuary

# Personal Umbrella Liability Insurance Determination of Indicated Rate Level Changes

#### Personal Lines Countrywide

1a. 2007 Direct Countrywide Earned Premiu	\$31,245,474							
1b. AR Base Rate Adjustment Factor								
1c. 2007 Direct State Adjusted Earned Prem	\$31,245,474							
2. Average Annual Ultimate Loss	ALAE ULAE	\$30,919,802 \$618,396 \$3,679,456						
3. Loss and LAE Ratio								
4. Expense Provision	Commission Reinsurance Underwriting Expense Taxes, Licenses and Fees	0.0% 8.2% 19.2% 2.4%						
5. Profit (Target ROE 15%)		7.8%						
6. Permissible Loss and LAE Ratio (100% -	(4) - (5))	62.3%						
7. Indicated Rate Change (3)/(6)-1		80.8%						

Direct Earned Premium Estimate is estimated by multiplying the 2007 estimated earned exposures and the current average premium. The 2007 exposures are estimated by trending the historical earned exposures.

Due to the sparsity of our Personal Umbrella data we followed curve fitting techniques and Monte Carlo simulation to produce credible loss data. We simulated 10,000 accident years using loss frequency and severity derived from historical data to produce the Average Annual Ultimate Loss. Losses are developed to ultimate and trended to 3/1/2007. Countrywide losses are 100% credible.

Commission, underwriting expenses, taxes, and ULAE are based on Insurance Expense Exhibits and internal reports at a detailed line of business level. Reinsurance expense our 2007 reinsurance costs less expected loss recoveries. Profit is based on a total return method using Personal Umbrella leverage, expenses and payment patterns.

#### Personal Umbrella Liability Insurance

#### **Arkansas**

#### Hartford Insurance Company of the Midwest Property & Casualty Insurance Company of Hartford Trumbull Insurance Company

#### **Proposed Rate Changes**

Exposure Base	Current Rate	Proposed Rate
Territory	1	1
Base Rate	88	101
Youthful Operator		
Ages 16 - 20	26	130
Ages 21 - 24	15	75
Automobiles		
One Automobile	28	32
Each Additional Automobile	14	16
Watercraft	35	40
Additional Residences	15	17
Additional Residences	15	17
Business Pursuits	16	18
Day Care	95	109
Recreational Vehicles		
All Terrain Vehicle (ATV)	40	46
Snowmobile	30	35
Registered Golf Cart	15	17
Personal Watercraft	60	69
Operators under 25 years old	25	29
Premium Reductions		
BI Limit over \$250/\$500	5	6
CSL over \$300K	7	8
Retained Limit		
\$1,000	4	5
\$5,000	8	9
\$10,000	10	12
Uninsured Motorists Coverage		
One Automobile	17	20
Each Additional Automobile	8	9
Minimum Premium	120	138

#### The Hartford Personal Umbrella Policy

#### Hartford Insurance Company of the Midwest Property and Casualty Insurance Company of Hartford Trumbull Insurance Company

#### Arkansas

#### **Statistical Justification for the Proposed Increase**

The average annual ultimate loss from line 2 of the Indication Exhibit that was included in the original filing is derived using a Monte Carlo simulation of 10,000 accident years. The simulation used historical loss frequency and severity data. Losses were developed to ultimate and trended to 3/1/2007. The attached exhibit 1 is an example of one simulation. This process was repeated 10,000 times to produce credible loss data. Exhibit 2 shows the assumptions made for the simulation model, with distributions based on the policy year 2005 book of business. Exhibit 3 demonstrates the process by which we used historical data and data from the Monte Carlo simulation to develop and trend our losses, giving us our projections for 2007. Line 2 of our Indication Exhibit, Average Annual Ultimate Loss, is our selected ultimate loss form our 2007 projections in Exhibit 3.

Line 1 of the Indication Exhibit is derived from the attached Exhibit 3. We made a selection for 2007 projected earned exposures by taking an exponential trend for Accident Years 2003 through 2006. We multiply this projection of earned exposures by our 2007 projection of premium per exposure to get the earned premium figure from line 1 of the Indication Exhibit.

Exhibit 4 provides support for the fact that our rates for youthful operators are increasing more than the others. It shows loss ratios for policies with and without youthful operators. We believe that the significantly higher loss ratios for policies with youthful operators justify a larger increase in youthful rates than any other rates.

Personal Umbrella Simulation Model Exhibit

#### Exhibit 1

[A]	[B]	[C]	[D]	[E]	[F]	[G]	[H]
Claim	Claim	Underlying	Gross	Loss Net	Policy	Capped	Reinsurance
Count	Type	Limit	Losses	Underlying	Limit	Losses	Recoveries
1	AUTO	250,000	657,811	407,811	1,000,000	407,811	0
2	HOME	300,000	893,354	593,354	1,000,000	593,354	0
3	HOME	300,000	575,106	275,106	1,000,000	275,106	0
4	HOME	300,000	934,873	934,873	5,000,000	934,873	0
5	AUTO	500,000	1,344,183	844,183	2,000,000	844,183	0
6	HOME	500,000	1,020,382	520,382	1,000,000	520,382	0
7	AUTO	250,000	1,157,757	907,757	1,000,000	907,757	0
8	HOME	300,000	1,123,692	823,692	1,000,000	823,692	0
9	AUTO	250,000	468,641	218,641	2,000,000	218,641	0
10	AUTO	250,000	931,746	681,746	1,000,000	681,746	0
11	HOME	300,000	824,860	524,860	1,000,000	524,860	0
12	AUTO	250,000	1,149,540	899,540	2,000,000	899,540	0
13	AUTO	250,000	515,786	265,786	1,000,000	265,786	0
14	AUTO	250,000	293,411	43,411	1,000,000	43,411	0
15	AUTO	250,000	462,052	212,052	2,000,000	212,052	0
16	AUTO	250,000	455,056	205,056	1,000,000	205,056	0
17	AUTO	250,000	925,666	675,666	1,000,000	675,666	0
18	AUTO	250,000	1,794,427	1,544,427	1,000,000	1,000,000	0
19	HOME	300,000	459,408	159,408	1,000,000	159,408	0
20	AUTO	250,000	2,521,065	2,271,065	1,000,000	1,000,000	0
21	HOME	300,000	810,516	510,516	1,000,000	510,516	0
22	HOME	300,000	510,456	210,456	1,000,000	210,456	0
23	AUTO	250,000	640,798	390,798	1,000,000	390,798	0
24	HOME	300,000	1,083,475	783,475	1,000,000	783,475	0
25	AUTO	250,000	1,887,522	1,637,522	5,000,000	1,637,522	382,513
26	AUTO	250,000	721,139	471,139	1,000,000	471,139	0
27	HOME	500,000	932,753	432,753	1,000,000	432,753	0
28	AUTO	250,000	2,355,612	2,105,612	1,000,000	1,000,000	0
29	AUTO	500,000	504,773	4,773	1,000,000	4,773	0
30	HOME	300,000	1,407,378	1,107,378	2,000,000	1,107,378	64,427
31	AUTO	250,000	667,878	417,878	1,000,000	417,878	0
32	AUTO	250,000	1,576,876	1,326,876	1,000,000	1,000,000	0
33	AUTO	250,000	2,534,384	2,284,384	1,000,000	1,000,000	0
34	HOME	300,000	356,191	56,191	2,000,000	56,191	0
35	AUTO	250,000	1,257,643	1,007,643	1,000,000	1,000,000	0
36	AUTO	250,000	2,279,249	2,029,249	1,000,000	1,000,000	0
37	HOME	300,000	341,930	41,930	5,000,000	41,930	0
38	HOME	500,000	1,034,319	534,319	2,000,000	534,319	0
39	HOME	300,000	846,404	546,404	5,000,000	546,404	0
40	AUTO	250,000	995,784	745,784	2,000,000	745,784	0
41	AUTO	250,000	887,823	637,823	1,000,000	637,823	0
42	AUTO	250,000	423,972	173,972	1,000,000	173,972	0
43	HOME	300,000	1,858,274	1,558,274	1,000,000	1,000,000	0
44	HOME	300,000	1,176,317	876,317	1,000,000	876,317	0
45	AUTO	250,000	597,347	347,347	1,000,000	347,347	0
46	AUTO	250,000	557,719	307,719	1,000,000	307,719	0
T - 1 - 1			40 755 040	00 555 040		07 407 040	440040

# Total Notes:

- [A] Simulated based on Poisson Frequency Distribution with Lambda Parameter = 62.613 Lambda from Trend Exhibit Row [N] Column [E].
- [B] Simulated using Claim Type distribution from Simulation Exhibit 2
- [C] Simulated using Underlying Limit distribution from Simulation Exhibit 2
- [D] Simulated based on Lognormal Distribution with Mu Parameter = 13.406 and Sigma = 0.586 Mu and Sigma from Simulation Exhibit 1.

46,755,349 33,555,349

27,427,818

446,940

- [E] = [D] [C]
- $\hbox{[F] Simulated using Policy Limit distribution from Simulation Exhibit 2}\\$
- [G] = Minimum of [E] and [F].
- [H] = 0 if [G] < 1,000,000; Otherwise = 60% \* ( [G] 1,000,000 ).

Process repeated 10,000 times.

# **Exhibit 2**

The Hartford Insurance Group Personal Umbrella Simulation Model Assumptions

#### Claim Type

Type	Distribution
AUTO	68.4%
HOME	31.2%
PERS INJ	0.4%

#### **Underlying Limit**

AUTO	HOME	PERS INJ	Distribution
250,000	300,000	0	92.1%
300,000	300,000	0	0.0%
500.000	500,000	0	7.9%

#### Policy Limit

Limit	Distribution
1,000,000	83.5%
2,000,000	11.6%
5,000,000	4.9%

#### Notes:

Distributions based on policy year 2005 book of business

# The Hartford Insurance Group Personal Umbrella

## **Exhibit 3**

#### Evaluated as of 3/31/2006

	[A]	[B]	[C]	[D]	[E]	[F]	[G]	[H]
	Accident	Ultimate	Ultimate	Earned	Claim	Prem per	Earned	Ultimate
	Year	Severity	Frequency	Exposures	Counts	Exposure	Premium	Loss
	1996	251,142	0.1722	34,835	6	146	5,091,838	1,506,851
	1997	156,018	0.1028	58,339	6	151	8,812,269	936,111
	1998	207,977	0.1796	66,829	12	154	10,305,228	2,495,720
	1999	332,027	0.2873	80,365	23	156	12,544,828	7,666,935
	2000	240,124	0.3121	96,517	30	159	15,300,533	7,232,309
	2001	337,141	0.2058	106,560	22	161	17,109,049	7,395,215
	2002	347,010	0.3150	114,279	36	163	18,582,553	12,492,223
	2003	309,418	0.3025	114,405	35	165	18,854,179	10,708,183
	2004	352,247	0.4417	117,705	52	188	22,141,909	18,315,424
	2005	463,930	0.3352	125,206	42	214	26,755,328	19,470,082
	2006	486,916	0.3645	129,155	47	220	28,460,886	22,924,611
[1]	10 Pt	8.3%	11.3%	12.3%				
[J]	6 Pt	9.5%	7.5%	4.6%				
[K]	Selected	8.3%	9.4%	4.3%				
	2007		Projections					
[L]	10 Pt	482,557	0.4998	184,913	92	231	42,761,644	44,601,042
[M]	6 Pt	501,126	0.4270	136,119	58	231		29,125,579
[N]	Selected	493,824	0.4634	135,114	63	231		30,919,802
[, 4]	Solodica	100,024	J.∓JJ- <del>1</del>	100,11-1	00	201	5 1,2 70,71 T	00,010,002

#### Notes

- [A] Given
- [B] =Loss Development Exhibit 1 Column [AA]
- [C] =Loss Development Exhibit 1 Column [Z]
- [D] = Loss Development Exhibit 1 Column [N]
- [E] = [C] \* [D] / 1000
- [F] = Loss Development Exhibit 1 Column [B] / Loss Development Exhibit 1 Column [N]
- [G] = [D] \* [F]
- [H] = [B] \* [C] \* [D] / 1000
- [I] Exponential Trend using Accident Years 1996 thru 2005
- [J] Exponential Trend using Accident Years 2000 thru 2005
- [K] Ultimate Severity Selected 10 Pt. Trend
- [K] Ultimate Frequency Selected Average of 6 Pt. and 10 Pt. Trend
- [K] Ultimate Exposures Selected Exponential Trend for Accident Years 2003 thru 2006
- [L] Extrapolated thru 3/1/2007 using 10 Pt trend.
- [M] Extrapolated thru 3/1/2007 using 6 Pt trend.
- [N] Ultimate Severity Selected from Size of Loss Fitting & Monte Carlo Simulation.
- [N] Ultimate Frequency Selected average of 6 Pt trend and 10 Pt trend.
- [N] Ultimate Exposures Selected Exponential Trend for Accident Years 2003 thru 2006

# **Exhibit 4**

The Hartford Insurance Group

Personal Umbrella - Agency

Evaluated as of 3/31/2006

Policies effective December 21, 2002 and subsequent

#### No Youthful Operator

Calendar	Earned	Reported	Loss	Earned	Reported	Claim
Year	Premium	Losses	Ratio	Exposures	Claims	Frequency
2003	3,898,732	2,038,751	52.3%	313,753	6	1.9%
2004	7,110,393	4,643,703	65.3%	491,489	13	2.6%
2005	8,851,381	2,402,500	27.1%	518,925	6	1.2%
2006	2,363,886	0	0.0%	132,970	0	0.0%
Total	22,224,392	9,084,954	40.9%	1,457,136	25	1.7%

#### Youthful Operator

Calendar	Earned	Reported	Loss	Earned	Reported	Claim
Year	Premium	Losses	Ratio	Exposures	Claims	Frequency
2003	732,994	1,109,158	151.3%	41,649	5	12.0%
2004	1,478,013	2,625,000	177.6%	73,042	7	9.6%
2005	2,040,528	7,648,000	374.8%	87,310	11	12.6%
2006	577,465	750,000	129.9%	23,940	1	4.2%
Total	4,828,999	12,132,158	251.2%	225,940	24	10.6%

#### Total

Calendar	Earned	Reported	Loss	Earned	Reported	Claim
Year	Premium	Losses	Ratio	Exposures	Claims	Frequency
2003	4,631,726	3,147,909	68.0%	355,401	11	3.1%
2004	8,588,406	7,268,703	84.6%	564,530	20	3.5%
2005	10,891,909	10,050,500	92.3%	606,235	17	2.8%
2006	2,941,351	750,000	25.5%	156,910	1	0.6%
Total	27,053,391	21,217,112	78.4%	1,683,077	49	2.9%